

# NAVY MEDICINE LIVE

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## Navy Medicine Units Reflect on Receiving Awards

Filed under CORPSMAN, FLEET AND THE FLEET MARINE FORCE, FORCE HEALTH AND SAFETY (NO COMMENTS)

By Chief Hospital Corpsman Carlos Romero, [Naval Medical Center San Diego](#) and Cmdr. Sean Barbabella, department head, Emergency Medicine Department, Naval Hospital Camp Lejeune/ 2D Marine Division (Forward) surgeon, Afghanistan; interview by Joshua Wick, [U.S. Navy Bureau of Medicine and Surgery Public Affairs](#)

Editor's note: Several Navy Medicine personnel, medical treatment facilities (MTFs), units and programs were recognized this year by the [Military Health System \(MHS\)](#) awards program in February. The MHS awards aims to showcase the medical programs and service members who provide and support our medical forces. Navy Medicine took home eight awards including: the Arnold P. Gold Foundation Award for Humanism in Military Medicine; 2013 Building Stronger Female Physician Leaders in the MHS; 2012 Physician; 2012 Humanitarian Assistance; 4th AMSUS Force Health Protection; 2012 Department of Defense (DoD) Patient Safety; 2012 Department of Defense (DoD) Patient Safety.



2D Marine Division (Forward) staff (Courtesy photo)

4th AMSUS Force Health Protection Award: 2D Marine division (Forward) Surgical Staff, [Naval Hospital Camp Lejeune, N.C.](#), Assistance Team

### Navy Medicine Video

Navy Medicine is a global healthcare network of 63,000 Navy medical personnel around the world who provide high quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

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Q: What sets your operations out above all others?

A: The [2nd Marine Division](#) (FWD) surgical staff aggressively led over 40 medical officers, 20 physician assistants, 30 independent duty corpsmen and 700 Navy corpsmen in the expeditious implementation of Division HSS (Hospital for Special Surgery) that delivered world-class combat casualty care to 12,000 Marines and Sailors within two regimental combat teams and four separate battalions engaged in constant, highly kinetic combat operations throughout Helmand Province. They provided oversight for all HSS delivered by over 40 Role I medical facilities and Marine Corps transition teams in the Area of Operations. These Point of Injury services resulted in an overall TFL survival rate exceeding 97 percent for critically injured Marines and Sailors. Their directive leadership, insight, and experienced medical planning ensured life-saving care for more than 3,000 combat casualties and directly led to a highly successful battlefield health care system.

Upon arrival to theater, 2D Marine Division (FWD) surgical staff continued to enhance medical processes as they noted the significant increase in associated pelvic injuries (30 percent with dismounted improvised explosive device blasts and made it a Division policy that all amputation patients have a pelvic binder placed at the point of injury and hypothermia prevention initiated. This has been credited with decreasing morbidity and mortality of critically injured patients and reducing the effects of the lethal triad on significantly injured patients.

Q: What challenges did your facility/team face while in theater?

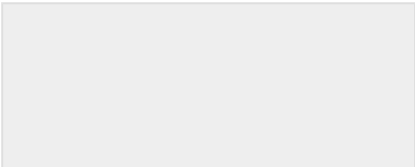
A: Specifically mile Traumatic Brain Injury (mTBI) and the tracking and enforcement of the Directive-Type Memorandum (DTM) was one of the earliest obstacle. Ensuring that all the Regiments and Battalions had the computer capability to enter patient notes was the first step in the process so that each combat outpost and the responsible medical unit was reporting correctly the concussions and exposures. Once this process was worked out it required constant monitoring and updating by my dedicated senior and junior enlisted staff, which was the driving force in this process.

Q: What are your lessons learned from this deployment? How will it better prepare yourself and others for future deployments?

A: The lessons learned as with every deployment is that teamwork, communication and correctly identifying the important issues will lead to a successful deployment. For future deployments the data that was collected will be analyzed at the [National Intrepid Center of Excellence](#) in Traumatic Brain Injury and will provide critical information in regards to the designing of new gear, new clinical practice guidelines, long-term patient outcomes and improving patient tracking procedures. This database is most likely the largest in regards to tracking military members with diagnosed concussions or exposures to blast.

**2012 Humanitarian Assistance Award, Presented by [AMSUS \(The Society of Federal Health Professionals\)](#) : *Balikatan 2011 Medical Humanitarian Assistance Team***

Chief Hospital Corpsmen (HMC) Allan Antonio and HMC Carlos Romero and Hospital Corpsman First Class (HM1) Ian Zara were augmented from Naval Medical Center San Diego to support Balikatan 2011.



*HMC Carlos Romero responded to the questions:*

Q: What impact do you hope your team had during this mission?

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HMC Carlos Romero

A: The main objective that I hope was achieved during the mission was maintaining and of course improving the relationship between the Philippines and the United States, not just the militaries but the entire nations as a whole. I can say with the utmost certainty that the objective was achieved. Unfortunately, I did not get to get out to any of the training or community relations missions but we would hear the feedback from those that did. It was exciting to know that we (Navy/Marine Corps team) were able to teach and train the Philippine military and learn from them as well.

July 2011 (10)

Having the opportunity to better the needs of a community by giving immunizations, medications and improving schools is paramount. Hearing how the community outreach missions went was always a plus. I hope that the local population gained confidence knowing that Navy Medicine is able to and will provide for those less fortunate by assisting when and where needed.

Q: What challenges did your team face?

A: What I saw and heard was an overall challenge was time and logistics. There is never enough time in a day to completely help out with the local population. I think that there is always "something more" that we can do to help out whether it is giving shots, books or pencils.

Q: What are your lessons learned from this mission? How will it better prepare yourself and others for future humanitarian missions?

A: A lesson learned from the mission was to train as if it was the real deal. Luckily, we had U.S. Military personnel in the area during the earthquake in Japan at that time and we were able to provide assistance.

HMC Antonio is now stationed on board the [USS Boxer](#) out of San Diego. HM1 Zara is currently stationed in Okinawa, Japan with [3rd Marine Logistics Group](#). HMC Romero stationed with [1st Battalion, 4th Marines, 1st Marine Division, Camp Pendleton, Calif.](#)

To see the individual MHS award winners, click [here](#).

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